

# INSTRUCTIONS FOR ACTIVATING YOUR eKASPER MASTER ACCOUNT

To request and activate your eKASPER account, you must complete a paperless 6-step process. Most questions about the process will be addressed in these instructions. If you experience any technical issues, please contact the eKASPER Help Desk by emailing [eKASPERHelp@ky.gov](mailto:eKASPERHelp@ky.gov) or calling (502) 564-2703.

Each step of the process is addressed individually in the instructions. Please note, however, some “rules” apply for all steps:

- This account process is for licensed Kentucky prescribers and dispensers. All information provided must be regarding the individual applicant and must be current with their respective boards, with the DEA, and with the Kentucky Department of Transportation.
- If you are unsure if you already have an eKASPER account, please contact the eKASPER Help Desk.
- Delegates can be added to the account once it has been approved. This action is taken on the Delegate Request screen in the master account holder’s Administration screen. A delegate may request reports on the behalf of a master account holder.
- Do not use the ‘Back’ button of Internet Explorer. Using the ‘Back’ button in Internet Explorer will result in the following error: “Warning: Page Expired”. Navigate only by using the ‘Previous’ and ‘Next’ buttons at the bottom of your screen, when needed.
- If you are unable to continue to a subsequent step, look for a “red error message” on your screen. These messages will state specifically what information is required before you will be able to proceed.
- An asterisk (\*) next to a title indicates a required field.
- Do not leave your computer ‘idle’ on any screen for longer than 30 minutes. The system may time you out.

## Step 1 of 6 – Instructions:

On Step 1, you will see the following information:

Account Request for eKASPER	
Instructions - Step 1 of 6	
<b>Enhanced Kentucky All Schedule Prescription Electronic Reporting</b>	
Please do not proceed if you have ever applied for an eKASPER account. You may contact the eKASPER Admin by emailing <a href="mailto:eKASPERHelp@ky.gov">eKASPERHelp@ky.gov</a> or by calling (502) 564-2815 to verify if it is necessary for you to complete the Account Request process again.	
On the following screens you will be asked to provide your information. The system will activate your account if the details provided by you are matched.	
If you have any questions, please contact the eKASPER Admin by phone at (502) 564-2815.	
<input type="checkbox"/> I have read and agree to the <a href="#">Terms of Account Use</a>	
Next	

NOTE: If you receive the following message on Step 1, you may experience technical issues during this process:

**This Internet Browser is not supported.**

We recommend Internet Explorer version 5.5 or newer. Click [here](#) for more information or contact the eKASPER Help Desk at [ekasperhelp@ky.gov](mailto:ekasperhelp@ky.gov) or call (502) 564-2703.

*We recommend using Microsoft Internet Explorer, version 5.5 or higher. Other browsers, such as Google Chrome and Firefox, may provide inconsistent results. You may complete the process from any computer that has Internet Explorer access.*

By clicking on the 'Terms of Account Use' hyper-link, a separate window should open with the Terms of Account Use document inside. You must check the box agreeing to the terms before you may utilize the 'Next' button.

☒ I have read and agree to the [Terms of Account Use](#)

Next

## Step 2 of 6 – Professional Credentials:

**For Prescribers:** 'Title' is your degree. For all other user groups, this field will display your account type.

**For all user groups:** the Area of Work is your specialty.

**For Prescribers, ARNPs, and Pharmacists:** your professional license/registration number and DEA number are required. NPI is an optional field; however, please provide this number as it may become required in the future.

**For Pharmacists:** the NPI number on Step 6 is your NPI number (not the pharmacy's).

On Step 2, you will enter your Professional Credentials and click the Next button:

### Account Request for eKASPER

Professional Credentials - Step 2 of 6

Enter professional credential information:

\* Required field.

Title*	MD
Area of Work*	Family Practice
Professional License Number*	12345
DEA Number*	DE5642703
NPI Number	1122334455
Email Address*	ekasperhelp@ky.gov

Previous

Next

NOTE: If the system has matched the provided information with an existing account for you, the following message will be received (if you need to update account information, it is not necessary for you to reapply):

**You already have an approved account in the eKASPER system.**

Please use [Reset Password](#) or contact helpdesk. You may contact the eKASPER Help Desk at [eKASPERHelp@ky.gov](mailto:eKASPERHelp@ky.gov) or call (502) 564-2703.

**NOTE:** If the system does not automatically match the Professional License and email address that was provided by your licensing board, the following message will be received:

**We are sorry but your account is not found in the eKASPER system.**

Please verify Professional License Number and Email Address and try again. This email address must be the same as the Email Address registered with the Licensure Board.

You may contact the eKASPER Admin at [eKASPERHelp@ky.gov](mailto:eKASPERHelp@ky.gov) or call (502) 564-2815.

**NOTE:** If the system has matched the Professional License and email address, but the DEA is not accurate, the following message will be received:

**Could not find match of your name and DEA in the system.**

You may contact the eKASPER Admin at [eKASPERHelp@ky.gov](mailto:eKASPERHelp@ky.gov) or call (502) 564-2815.

If the system has correctly matched the Professional License, email address, and DEA number, you will proceed to the next step.

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### Step 3 of 6 – Personal Information:

On Step 3, you will enter your Personal Information and click the Next button:

#### Account Request for eKASPER

Personal Information - Step 3 of 6

Enter personal identification information:

\* Required field.

Social Security Number\*

Date of Birth\* Month  Day  Year

Driver's License\*

State Issued\*

Mother's maiden name\*  (used for identification purposes)

Previous

Next

**NOTE:** You must have a valid Kentucky Driver's License to complete the paperless process. Selecting a state other than KY, will provide the following message:

**We are sorry, but you have an out-of-state Driver's License which cannot be verified automatically.**

Please submit your access request application through [this web page](#).

You may contact the eKASPER Admin at [eKASPERHelp@ky.gov](mailto:eKASPERHelp@ky.gov) or call (502) 564-2815.

*Clicking the 'this web page' link will direct you to the (paper) Access Request process. If you are not directed to the site, please call the eKASPER Help Desk at (502) 564-2703.*

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### Step 4 of 6 – Home Address:

On Step 4, the address on file with your licensing board will be populated into the Home Street Address, City, State, and Zip Code fields.

#### Account Request for eKASPER

Home Address - Step 4 of 6

Enter home address information: Is this your home address? If not, please provide your home address below. \* Required field.

Home Street Address*	<input type="text" value="123 Main St."/>
City*	<input type="text" value="City"/>
State*	<input type="text" value="KY"/>
Zip Code*	<input type="text" value="44444"/>
Home Phone Number*	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

To activate the verification process for Step 3 and 4, you must click the Next button. This information will be matched against information on file with the Kentucky Department of Transportation.

NOTE: If the driver's license numbers get transposed, the following message will be received:

**Could not find any match with your name, address, and Driver's License.**

You may contact the eKASPER Help Desk at [eKASPERHelp@ky.gov](mailto:eKASPERHelp@ky.gov) or call (502) 564-2703.

*Verify the order of the Driver's License number is correct. Using the 'dashes' in the Driver's License number will not produce this message!*

NOTE: The First Name and Last Name that is on file with your licensing board **must** match the First Name and Last Name on file with the Kentucky Department of Transportation. If the incorrect Date of Birth is used (on Step 3) or if the Home Address, City, and Zip Code (on Step 4) does not match what the Kentucky Department of Transportation has on file, the following message will be received:

**Could not find an exact match for your name, address, and Driver's License in the system. Please confirm your home address.**

You may contact the eKASPER Help Desk at [eKASPERHelp@ky.gov](mailto:eKASPERHelp@ky.gov) or call (502) 564-2703.

*Verify on Step 3 that the Date of Birth is correct. Please ensure the address on Step 4 is as it appears on your driver's license.*

NOTE: If you have put in too many, or left out any, characters in your driver's license, the following message will be received:

**Unknown error occurred.**

You may contact the eKASPER Help Desk at [eKASPERHelp@ky.gov](mailto:eKASPERHelp@ky.gov) or call (502) 564-2703.

*This message may be received for technical reasons as well. Verify the Driver's License is correct. If the message is still received, please contact the eKASPER Help Desk.*

You must provide your phone number before you can continue to the next screen:

Home Phone Number\*  \* Phone Number is a required numeric field

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**Step 5 of 6 – Work Location(s):**

On Step 5, you will enter your facility information. You will receive a red message saying “Please add at least one facility.” if you click ‘Next’ before clicking ‘Save’.

#### Account Request for eKASPER

Work Location(s) - Step 5 of 6

Please add at least one facility.

Work Locations: \* Required field.

Enter a location from which you will request KASPER reports and click Save.

Location Name*	<input type="text"/>
Street Address*	<input type="text"/>
City*	<input type="text"/>
State*	<input type="text" value="KY"/>
Zip Code*	<input type="text"/>
Phone Number*	<input type="text"/> <input type="text"/> <input type="text"/>
Fax Number	<input type="text"/> <input type="text"/> <input type="text"/>

Previous

Next

Enter your facility information:

#### Account Request for eKASPER

Work Location(s) - Step 5 of 6

Please add at least one facility.

Work Locations: \* Required field.

Enter a location from which you will request KASPER reports and click Save.

Location Name*	<input type="text" value="Individual Practice"/>
Street Address*	<input type="text" value="454 New Street"/>
City*	<input type="text" value="City"/>
State*	<input type="text" value="KY"/>
Zip Code*	<input type="text" value="44444"/>
Phone Number*	<input type="text" value="555"/> <input type="text" value="444"/> <input type="text" value="4321"/>
Fax Number	<input type="text" value="555"/> <input type="text" value="444"/> <input type="text" value="1234"/>

Previous

Next

You must click ‘Save’. You cannot proceed to the next screen until at least one facility is saved. If no facility with a similar name exists, you will see the following:

## Account Request for eKASPER

Work Location(s) - Step 5 of 6

Facility Added successfully.

Work Locations: \* Required field.

Enter a location from which you will request KASPER reports and click Save.

Location Name\*

Street Address\*

City\*

State\*

Zip Code\*

Phone Number\*

Fax Number

If you wish to add additional facilities, please enter the required information in the Work Location fields and Save before continuing to the Next screen.

Facilities Associated with your account:

Name	Phone	Fax	Address	City	State	Zip	
INDIVIDUAL PRACTICE	(555) 444-4321	(555) 444-1234	454 NEW STREET	CITY	KY	44444	<a href="#">Remove</a>

If a similar named facility already exists in the system, you will see the following:

## Account Request for eKASPER

Work Location(s) - Step 5 of 6

Work Locations: \* Required field.

Enter a location from which you will request KASPER reports and click Save.

Location Name\*

Street Address\*

City\*

State\*

Zip Code\*

Phone Number\*

Fax Number

Facility with a similar name already exists in eKASPER. If you see an exact match in the list below, click the 'Accept This Facility' button for that match. If you do not see an exact match in the list below, click the 'Add as new facility' button.

Name	Address	ZipCode	Phone	Fax	Accept
GENERAL HOSPITAL	222 ADDRESS	44444	(555) 222-1111	(555) 555-5555	<input type="button" value="Accept This Facility"/>
GENERAL HOSPITAL	900 2ND FACILITY BLVD.	44444	(555) 879-2135	(555) 872-2138	<input type="button" value="Accept This Facility"/>
GENERAL HOSPITAL	SANTA BARBARA BLVD.	44444	(555) 870-5965	(555) 134-1234	<input type="button" value="Accept This Facility"/>
GENERAL HOSPITAL	FACILITY LOCATION	44444	(555) 222-3300	(555) 222-4040	<input type="button" value="Accept This Facility"/>

If the facility you entered does NOT match exactly with any of the listed facilities, you will click the “Add as new facility” button:

## Account Request for eKASPER

Work Location(s) - Step 5 of 6

Work Locations:

\* Required field.

Enter a location from which you will request KASPER reports and click Save.

Location Name*	<input type="text" value="General Hospital"/>
Street Address*	<input type="text" value="Facility Location"/>
City*	<input type="text" value="City"/>
State*	<input type="text" value="KY"/>
Zip Code*	<input type="text" value="44444"/>
Phone Number*	<input type="text" value="555"/> <input type="text" value="222"/> <input type="text" value="3300"/>
Fax Number	<input type="text" value="222"/> <input type="text" value="222"/> <input type="text" value="4040"/>

Save

Clear All

Facility with a similar name already exists in eKASPER. If you see an exact match in the list below, click the 'Accept This Facility' button for that match. If you do not see an exact match in the list below, click the 'Add as new facility' button.

Add as new facility

Name	Address	ZipCode	Phone	Fax	Accept
GENERAL HOSPITAL	222 ADDRESS	44444	(555) 222-1111	(555) 555-5555	Accept This Facility
GENERAL HOSPITAL	900 2ND FACILITY BLVD.	44444	(555) 879-2135	(555) 872-2138	Accept This Facility
GENERAL HOSPITAL	SANTA BARBARA BLVD.	44444	(555) 870-5965	(555) 134-1234	Accept This Facility
GENERAL HOSPITAL	FACILITY LOCATION	44444	(555) 222-3300	(555) 222-4040	Accept This Facility

Previous

Next

The facility will be associated with your account:

## Account Request for eKASPER

Work Location(s) - Step 5 of 6

Facility Added successfully.

Work Locations:

\* Required field.

Enter a location from which you will request KASPER reports and click Save.

Location Name*	<input type="text"/>
Street Address*	<input type="text"/>
City*	<input type="text"/>
State*	<input type="text" value="KY"/>
Zip Code*	<input type="text"/>
Phone Number*	<input type="text"/> <input type="text"/> <input type="text"/>
Fax Number	<input type="text"/> <input type="text"/> <input type="text"/>

Save

If you wish to add additional facilities, please enter the required information in the Work Location fields and Save before continuing to the Next screen.

Facilities Associated with your account:

Name	Phone	Fax	Address	City	State	Zip	
GENERAL HOSPITAL	(555) 789-7899	(555) 789-9987	555 STREET	CITY	KY	44444	<a href="#">Remove</a>

Previous

Next

If the facility you entered DOES match exactly with any of the listed facilities, you will click the "Accept This Facility" button for the record with the exact match:

## Account Request for eKASPER

Work Location(s) - Step 5 of 6

Work Locations:

\* Required field.

Enter a location from which you will request KASPER reports and click Save.

Location Name*	<input type="text" value="General Hospital"/>
Street Address*	<input type="text" value="Santa Barbara Blvd."/>
City*	<input type="text" value="City"/>
State*	<input type="text" value="KY"/>
Zip Code*	<input type="text" value="44444"/>
Phone Number*	<input type="text" value="555"/> <input type="text" value="870"/> <input type="text" value="5965"/>
Fax Number	<input type="text" value="555"/> <input type="text" value="134"/> <input type="text" value="1234"/>

Save

Clear All

Facility with a similar name already exists in eKASPER. If you see an exact match in the list below, click the 'Accept This Facility' button for that match. If you do not see an exact match in the list below, click the 'Add as new facility' button.

Add as new facility

Name	Address	ZipCode	Phone	Fax	Accept
GENERAL HOSPITAL	RELEASE 5.0.2, WR 1935	44444	(555) 222-1111	(555) 555-5555	Accept This Facility
GENERAL HOSPITAL	900 2ND FACILITY BLVD.	44444	(555) 879-2135	(555) 872-2138	Accept This Facility
GENERAL HOSPITAL	SANTA BARBARA BLVD.	44444	(555) 870-5965	(555) 134-1234	Accept This Facility
GENERAL HOSPITAL	FACILITY LOCATION	44444	(555) 222-3300	(555) 222-4040	Accept This Facility

Previous

Next

The facility will be associated with your account:

## Account Request for eKASPER

Work Location(s) - Step 5 of 6

Work Locations:

\* Required field.

Enter a location from which you will request KASPER reports and click Save.

Location Name*	<input type="text"/>
Street Address*	<input type="text"/>
City*	<input type="text"/>
State*	<input type="text" value="KY"/>
Zip Code*	<input type="text"/>
Phone Number*	<input type="text"/> <input type="text"/> <input type="text"/>
Fax Number	<input type="text"/> <input type="text"/> <input type="text"/>

Save

If you wish to add additional facilities, please enter the required information in the Work Location fields and Save before continuing to the Next screen.

Facilities Associated with your account:

Name	Phone	Fax	Address	City	State	Zip	
GENERAL HOSPITAL	(555) 870-5965	(555) 134-1234	SANTA BARBARA BLVD.	CITY	KY	44444	<a href="#">Remove</a>

Previous

Next

You may enter in additional facilities by entering new facility information into the fields where required and clicking the 'Save' button. You must click 'Save' for every facility you add. Each facility you save will be added



to the Facilities Associated with your account list:

Work Location(s) - Step 5 of 6

Facility Added sucessfully.

Work Locations:

\* Required field.

Enter a location from which you will request KASPER reports and click Save.

Location Name\*

Street Address\*

City\*

State\*

Zip Code\*

Phone Number\*

Fax Number

Save

If you wish to add additional facilities, please enter the required information in the Work Location fields and Save before continuing to the Next screen.

Facilities Associated with your account:

Name	Phone	Fax	Address	City	State	Zip	
GENERAL HOSPITAL	(555) 870-5965	(555) 134-1234	SANTA BARBARA BLVD.	CITY	KY	44444	<a href="#">Remove</a>
GENERAL PRACTICE	(555) 332-2113	(555) 332-3112	123 PRACTICE ADDRESS	CITY	KY	44444	<a href="#">Remove</a>
INDIVIDUAL PRACTICE	(555) 444-4321	(555) 444-1234	454 NEW STREET	CITY	KY	44444	<a href="#">Remove</a>

Previous

Next

To remove a facility, click the Remove link next to the record. To continue to Step 6, click the Next button.

Step 6 of 6 – Review/Finish:

On Step 6, you need to carefully review the information you have entered.

Please review the information below for accuracy:

**PERSONAL INFORMATION**

Name:	JOHN SMITH	SSN:	1234	DOB:	01/01/50
Address:	123 MAIN ST.				
City:	CITY	State:	KY	Zip:	44444
Email Address:	ekasperhelp@ky.gov		Home Phone Number:	(555) 555-5555	
ID / Driver's License:	D12-345-678	KY	Mother's Maiden Name:	MOTHER	

**PROFESSIONAL CREDENTIALS** (Applicable by account type)

DEA #	DE5642703	Prof Lic / Reg #	12345
NPI #	1122334455		

**WORK INFORMATION**

Work Location Name:	GENERAL HOSPITAL				
Address:	SANTA BARBARA BLVD.				
City:	CITY	State:	KY	Zip:	44444
Work Phone Number:	(555) 870-5965		Fax Number:	(555) 134-1234	
Area of Work / Specialty:	Family Practice		Title / Degree:	MD	

Work Location Name:	INDIVIDUAL PRACTICE				
Address:	454 NEW STREET				
City:	CITY	State:	KY	Zip:	44444
Work Phone Number:	(555) 444-4321		Fax Number:	(555) 444-1234	

[Previous](#)[Finish](#)

For corrections:

You may use the Previous button to go back and make corrections to any of the following:

SSN (found on Step 3), Mother's Maiden Name (found on Step 3), Home Phone (found on Step 4), or Facility (found on Step 5).

NOTE: If you use the Previous buttons to 'go back' and alter the Date of Birth, Driver's License, State Issued, or Home Street Address, City, and Zip Code fields, you will go through the verification process against the Kentucky Department of Transportation again.

To make corrections to the facility, you will have to remove the facility record and re-enter the correct information.

To proceed to the Confirmation screen, click the Finish button

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**Confirmation:**

Confirmation

**Your user name and password email have been sent to [ekasperhelp@ky.gov](mailto:ekasperhelp@ky.gov)**

If you do not receive your User Name and Password email, please contact the eKASPER Help Desk at [ekasperhelp@ky.gov](mailto:ekasperhelp@ky.gov) or call (502) 564-2703.

- [Login to eKASPER](#)

You will receive two emails. One is titled "Welcome to eKASPER" and will contain your user name. The second is titled "Password and instructions for accessing eKASPER" and will contain your temporary password, along with instructions on how to use your account.

Clicking on the Login to eKASPER link will direct you to the User Login:

The image shows a 'User Login' form. It has a dark blue header with the text 'User Login' in white. Below the header, there is a light blue box with the text 'Enter your user name and password.' Inside this box, there are two input fields: 'User Name' and 'Password'. Below the input fields, there is a 'Login' button and a link that says 'I forgot my password.'

User Login	
Enter your user name and password.	
User Name	<input type="text"/>
Password	<input type="password"/>
<input type="button" value="Login"/>	<a href="#">I forgot my password.</a>